

(SCIRE logo appears on top right corner of screen with words “Wheelchair Falls Prevention for Patients with SCI” in center and words “Part 1/6” on bottom right corner.)

(Words “5 Situations That Most Commonly Cause Falls” appear on screen.)

(Woman wheeling through a garden with a companion walking behind her.)

Female Narrator: Prevention of falls is a priority for health care providers and care givers in hospital settings.

(Slide enumerating the “5 Situations That Most Commonly Cause Falls: Transferring into or out of a wheelchair, poor body positioning, wheelchair changes or set-up, terrain (an incline or a curb), and someone else moving the wheelchair unexpectedly.)

5 situations most commonly cause falls: Transferring into or out of a wheelchair, poor body positioning, wheelchair changes or set-up, terrain, and someone else moving the chair.

(Brief video focusing on a yellow, tripping hazard sign placed over a garden hose lying on the pavement.)

(Transition to medium close-up shot of Ian Denison, Physiotherapist/Equipment Specialist.)

Ian Denison: Part of the reason why people need to be educated on wheelchair safety and falls prevention is that a wheelchair is a dynamic element.

It’s set up in different ways to achieve different objectives.

(Slide listing “Aspects to consider: Mobility needs, stability needs, postural support, and pressure relief.” Below this list are the words “+ other physiological conditions.”)

We have to make it meet the person’s mobility needs and their stability needs, as well as provide postural support, pressure relief, and a whole slew of conflicting requirements.

(Return to medium close-up shot of Ian Denison.)

You can’t say “In every situation this is safer.”

(Woman wheeling her friend and wheelchair along the sidewalk.)

It’s a moving target that you have to have a fairly sophisticated understanding of to be able to make sure that the client is safe.

(Cut to two women conversing around a table before one woman stands up to put her book in a bag hung on the second woman’s wheelchair.)

I think everything we do in life, we're always making compromises to our safety.

(Return to medium close-up shot of Ian Denison.)

We just have to make sure that the clients are making educated decisions, so they know if I do this, my safety will be reduced a little bit, but my mobility will increase a little bit.

At least put the education into the clients' hands so they can make a decision.

(Close-up shot of a wheelchair wheel going over a bump in the pavement before zooming out to show a woman offering to take a bag off of the second woman's wheelchair.)

And I understand that initially, in their acute phase, we are going to be making a lot of those decisions for the clients and then gradually passing that responsibility over to them by discharge time.

(Words "To learn more visit scireproject.com" and "follow us @SCIREProject" appear.)

(Fades into next screen with bolded words "Thank you to" followed by the words "Equipment Specialist: Ian Denison," and "Participants: Kim McIntosh, Gail McIntosh, Bob Thomas, Michelle Miller, Jami Bennett, Matthew Querée, Shannon Sproule and the rest of the SCIRE Team." Below: logos of the Rick Hansen Institute, University of British Columbia, icord, and Ontario Neurotrauma Foundation.)

(Words "Created by Merilin Paart at the Knowledge Mobilization Studio at the Centre for Hip Healthy and Mobility" and Knowledge Mobilization Studio logo appear on screen before dipping to black.)